



20-21 Application for Dependency Override

Student's Name _____ Student's ID# _____
(Please Print)

Student's Address _____

Phone # _____ City, State, Zip _____

The Higher Education Amendments of 1992, which list the financial aid definition of an "independent" student, applicants are not considered independent simply because they are "self-supporting", nor because parents are "unwilling" to assist the applicant in applying for aid. If the applicant cannot answer "yes" to any of the student dependency questions in Section Two of the on-line Free Application for Federal Student Aid (FAFSA), then the student must document they are independent by reason of specific Unusual Circumstances.

This petition is a request to be processed for financial aid purposes as an "independent" student for the current year. If you feel you can document the Unusual Circumstances qualifying you as an "independent" student, respond to all items in Section I and return this form with your documentation to the Office of Financial Aid.

SECTION I: (All documentation below is required for each academic year even if a Dependency Override has been granted in the past.)

- A personal letter of appeal explaining the reason for your request for a dependency override. The letter should provide as much detail as possible, describing your separation from your parents. You are required to include the following documentation:
 - o The whereabouts of your biological or adoptive parents and their current living arrangements. Include the last contact you had with your biological or adoptive parents and the frequency of contact with them over the past year(s).
 - o Why you cannot provide parental information on the 2020-21 Free Application for Federal Student Aid (FAFSA).
 - o Your living arrangements over the past year(s); with whom you have lived and who has provided financial support for you.
 - o Your name, University Student ID Number (UIN) and signature.

- Letters from two individuals who can attest to your situation. Their letters should be one to two pages in length and provide as much detail as possible describing your separation from your parents.
 - o The first letter should be from a professional individual not related to you – counselor, social worker, teacher, clergy, police, etc. Please submit on organization's letterhead.
 - o The second letter should be from either a professional or non-professional individual who is very familiar with your situation.
 - o Each letter must include the individual's name, title or position, address, phone number and must be signed by that individual.
 - o The individuals cannot be related to each other and must reside at separate addresses

- Provide documents showing how you are supporting yourself (include IRS transcripts of your 2019 and 2020 Federal tax returns with W-2's and your parent's 2018 and/or 2019 Federal tax transcripts with W-2's. If parent's tax transcripts cannot be provided, please provide a signed statement indicating the reason the documents cannot be obtained.)

- Complete the attached Verification Form.

- Please complete the following information:

√ Did anyone claim you on their 2018 and 2019 Federal Income Tax Return?

_____ No _____ Yes

Person's Name _____

Relationship to Student _____

√ Did you receive AFDC/TANF (welfare), SSI (disability), or Social Security checks in 2018 and/or 2019?

_____ No _____ Yes

List the names(s) of the source, how much you receive PER MONTH, and the number of months you receive the benefit.

Source: _____

Amount: \$ _____ Number of Months Received: _____

Please provide the following information (you may be asked to provide documentation) about your expenses PER MONTH in 2018 and 2019. If any amounts are zero, explain the reason:

Expenses	2018 Amount	Support Provided By:	2019 Amount	Support Provided by:
Rent or Mortgage				
Property taxes (if separate)				
Insurance:				
Home or renters				
Auto				
Other (i.e., life, health, theft)				
Utilities(gas, phone, electric)				
Food				
Clothing				
Transportation				
Auto payment				
Recreation				
Other:				
Total MONTHLY Expenses				
Total YEARLY Expenses				

I certify the information submitted to substantiate my "independent" status is true and complete. If I cannot provide the appropriate, required documentation to support an independent status, I understand that I will be evaluated as a dependent student with my parents providing income and asset information and signature when completing the FAFSA.

Signature _____ Date _____

Return completed form and all required documents to:

McKendree University
 Office of Financial Aid
 701 College Rd.
 Lebanon, IL 62254
 (618) 537-6828
 Fax: (618) 537-6530